

# Community Women Against Hardship



## Transitional Housing Application Form

*The information you provided in this application will assist CWAH (Selection Housing Committee) in getting an idea of your current financial situation. We will then be able to better asses if the CWAH-Transitional Housing Program can assist you with reaching your housing and financial goals.*

**Please tell us how you heard about this program? ( Check as many as apply)**

Friend /Relative

CWAH Website

Lender/Realtor

Referral by agency

Internet Search

Ad (Newspaper /Radio)

Flyer

Walk In

Other \_\_\_\_\_

**Transitional Housing Application**

Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you 18 years or older \_\_\_ Yes \_\_\_ No

Gender \_\_\_ Male \_\_\_ Female

Ethnic Background \_\_\_ African American/Black \_\_\_ Caucasian/White \_\_\_ Hispanic/Latino \_\_\_ Mixed/Other

Check the level of education you have completed \_\_\_ High School \_\_\_ GED \_\_\_ College \_\_\_ Other \_\_\_\_\_

Number of members in your family (including yourself) \_\_\_\_\_

Please list them below (If you need more space, add another sheet of paper)

Name	Date of Birth	Age	Relationship to you
			<i>Self</i>

**Income Sources (Those in household 18 years of age and older only)**

List monthly gross household income sources and amounts, in the following table:

List Monthly Dollar Amounts in each (applicable) column

Name	Wages	Child Support	TANF/AFDC	SS/Pension	SSI/Disability	Food Stamps

Employment Information (attach additional sheet of paper if you need to add more employer information)

Your employment status: \_\_\_unemployment \_\_\_Employed: If employed, complete the following:

Employer Name \_\_\_\_\_ Your Job Title \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

If you have other jobs, list them below:

Employer: \_\_\_\_\_ Your Job Title \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

**Expenses and Debts**

Do you pay rent? \_\_\_ No \_\_\_ Yes

If yes, to whom do you pay rent \_\_\_ Family/Friends \_\_\_ Landlord \_\_\_ Other Monthly Amount \$ \_\_\_\_\_

Other Debts	Yes/No	Past Due	Y/N	Monthly Amount You Pay
Do you other on a mortgage loan?				
Do you have a second mortgage or others home equity type loan?				
Do you owe taxes? (real estate, etc)				
Do you own a car you are paying on?				
Do you have past due utility bills?				
Do you have a student loan?				

List the Types of Credit Cards you have (Visa, Master Card, etc).	Amount Owed	Monthly Minimum	Name of Bank or Institution
1)			
2)			
3)			
4)			
Do you have medical bills?			

Do you have any other loans on? List them below: (payday loan, furniture, car title loans, etc). If you a cosigner on anyone else's loans, including then also:

1)			
2)			
3)			
4)			

Other	Yes/No	If you have an IDA
Do you have car insurance?		What is the match amount? \$ ___
Do you have medical insurance?		What is your saving Goal? \$ ___
Do you Have life insurance?		For what purpose is your IDA?
Do you have renters or homeowner's insurance?		___ Home Purchase
Do you have a retirement savings account? ( IRA/401K, etc)		___ Home Repair
Do you have a checking account?		___ Car Purchase
Do you have a savings account?		___ Business
Do you have an IDA (Individual Development Account)		___ Other

# **Authorization to Obtain** **Credit Report**

**Community Women Against Hardship  
Transitional Housing Program  
3963 West Belle Place, St. Louis, MO. 63108  
Ph: (314) 289-7523  
Fax: 314/289-7523  
www.cwah.org**

To whom it may concern:

As a participant in the Community Women Against Hardship Transitional Housing Program I, the undersigned, authorize Community Women Against Hardship (CWAH) to use my social security number for the purpose of obtaining my credit report, (at a later date) to run an official credit check to verify my credit status and also to evaluate my potential to become a CWAH Transitional Housing [Program] resident.

I also authorize the release of my credit report to First Bank [authorize bank officials] by those credit reporting agencies from whom First Bank may request a credit report.

I understand that the information on my credit report will be used by CWAH, its affiliates, or contractors only for the purpose of evaluating the CWAH Transitional Housing Program and that the information will not be disclosed for any other purpose or to any third party.

**Photocopies and faxes if this original are considered valid and acceptable**

\_\_\_\_\_  
**Full Name of the program participant: Please Print**

\_\_\_\_\_  
**Signature of the program participant**

\_\_\_\_\_  
**Date**

**THIS SIGNED CONSENT FORM MUST ACCOMPANY YOUR COMPLETED TRANSITIONAL APPLICATION**